

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213548517				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Barclays Capital Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CT</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2013</p> <p>SCC ID NO: F1876640</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 745 SEVENTH AVE.</p> <p style="margin-left: 40px;">CITY/ST/ZIP: NEW YORK, NY 10019</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GERALD S. LAROCCA TITLE: PRESIDENT ADDRESS: 745 SEVENTH AVE. CITY/ST/ZIP/CO: NEW YORK, NJ 10019 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GERALD S. LAROCCA TITLE: PRESIDENT ADDRESS: 745 SEVENTH AVE. CITY/ST/ZIP/CO: NEW YORK, NJ 10019	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	THERESA RILEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 PARK AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10166		
NAME:	BONNIE TELLGMANN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 PARK AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10166		
NAME:	JOHN TROHAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	745 SEVENTH AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	ALASTAIR BLACKWELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	1301 SIXTH AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	GERALD DONINI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	745 SEVENTH AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	LEE GUY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CRO		
ADDRESS:	745 SEVENTH AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	LEE GUY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CRO		
ADDRESS:	745 SEVENTH AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	HUGH MCGEE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	745 SEVENTH AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	CHRISTOPHER MICHAEL WEIDLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	200 PARK AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10166		
NAME:	BRYAN ALTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	745 SEVENTH AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	MICHAEL LEE CROWL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CLO		
ADDRESS:	745 SEVENTH AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	TERESA FOXX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1111 BRICKELL AVE		
CITY/ST/ZIP/CO:	MIAMI, FL 33131		
NAME:	BRET GANIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	745 SEVENTH AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	DONALD GERSHUNY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CLO		
ADDRESS:	200 PARK AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	ALAN B KAPLAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	745 SEVENTH AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	BARBARA KELLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CCO		
ADDRESS:	745 SEVENTH AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	JILL OSTERGAARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CCO		
ADDRESS:	745 SEVENTH AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	THOMAS KALARIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE CHURCHILL PLACE, CANARY WHARF		
CITY/ST/ZIP/CO:	LONDON, UNITED KINGDOM (GREAT BRITAIN) , , FN		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ALAN B KAPLAN	ALAN B KAPLAN, SECRETARY	10/18/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			